

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02
SINGAPORE 486443
TEL:65446671 FAX:62141511
CO. REG:200707743D GST REG:200707743D

Our Ref: **SHC6405R/SR**

WITHOUT PREJUDICE

18 September 2021

(By Email)

Attn: The Motor Claims Department

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

Dear Sir/Madam

ACCIDENT INVOLVING SHC6405R AND GBE1882P ALONG BUKIT TIMAH RD ON 14/08/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6405R**, to claim against the party/parties responsible for the damages arising from the above-mentioned accident.

Our records show that you are the insurers of vehicle number: **GBE1882P** at the material time of the accident with the driver of our client's vehicle, **Mr. Chua Soo Keong**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBE1882P**, our client's vehicle was damaged and we have been put to loss and damage as follows:

| | |
|---|---------------------------|
| (1) Cost of Repairs (Incl. GST) | \$ 1,551.50 |
| (2) Loss of Rental – 6 Days @\$50.99 per day | \$ 305.94 |
| (3) Loss of Income – 6 Days @\$100.00 per day | \$ 600.00 |
| (4) GIA Search | \$ 2.00 |
| | <u>\$ 2,459.44</u> |

A copy of each of the following supporting documents is enclosed:

- (1) GIA report & sketch plan of **SHC6405R**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) GIA search

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We would appreciate if you could look into the subject matter and let us have your favorable offer within 14 days. If you are agreeable to the settlement of the above said claims, please forward us your discharge voucher as for our client's signature and payment made to "Premier Automotive Services Pte Ltd".

Please note that if we do not hear from you within the stipulated 14 days, we will have no alternative but to appoint our solicitor to act on our behalf to commence proceedings against you without further notice to you.

Yours faithfully,

Claims Department – Shafawati Md Rabu

Email: shafawati.rabu@premierauto.com.sg

DID: 64100946

NB: We encourage all parties to liaise with us via email to expedite all matters

PS: Please quote our reference no when replying

c.c. Client – Premier Taxis Pte Ltd

This is a computer-generated letter. No signature is required.



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|---------------------------|
| Date of Submission | 16/08/2021 12:19 (SGT) |
| Date of Accident | 14/08/2021 11:25 (SGT) |
| Exact Location of Accident | Bukit Timah Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SHC6405R |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | PREMIER TAXIS PTE LTD |
| Company Reg No | 2XXXXX975H |
| Email Address | CLAIMS@PREMIERTAXI.COM |
| Mobile Phone No | (Phone) +65-91550072 |
| Alternative Phone No | (Office) +65-62148880 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Optima |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1700 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | Yes |
| Policy Number | 5107202885-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | CHUA SOO KEONG |
| NRIC No | SXXXX460C |



| | |
|--|------------------------|
| Date Of Birth | 09/03/1965 |
| Occupation | Outdoor |
| Date Of Driving Pass | 11/06/1984 |
| Driving experience | 37 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96618149 |
| Alt. Phone Number | - |
| Email Address | CLAIMS@PREMIERTAXI.COM |
| Address | BLK 23A #12-189 |
| Address complement | QUEENS C CLOSE |
| Postcode | 140023 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|-------------------------------|
| Type of Accident | Collision - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-------------------------------|
| Name | PAX IN THE REAR SEAT - INDIAN |
| Gender | Male |

PASSENGER 2

| | |
|--------|-------------------------------|
| Name | PAX IN THE REAR SEAT - INDIAN |
| Gender | Female |

PASSENGER 3

| | |
|--------|--------------------------------------|
| Name | PAX IN THE REAR SEAT - INDIAN(CHILD) |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

VEH. A - 3 PAX (GRAB CALL)
VEH. B - UNKNOWN PAX ONBOARD

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | GBE1882P |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | HAMRY BIN HAM KAMSI |
| NRIC No | SXXXX491I |
| Contact Number | (Phone) +65-88937068 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]
S1700460

16 AUG 2021

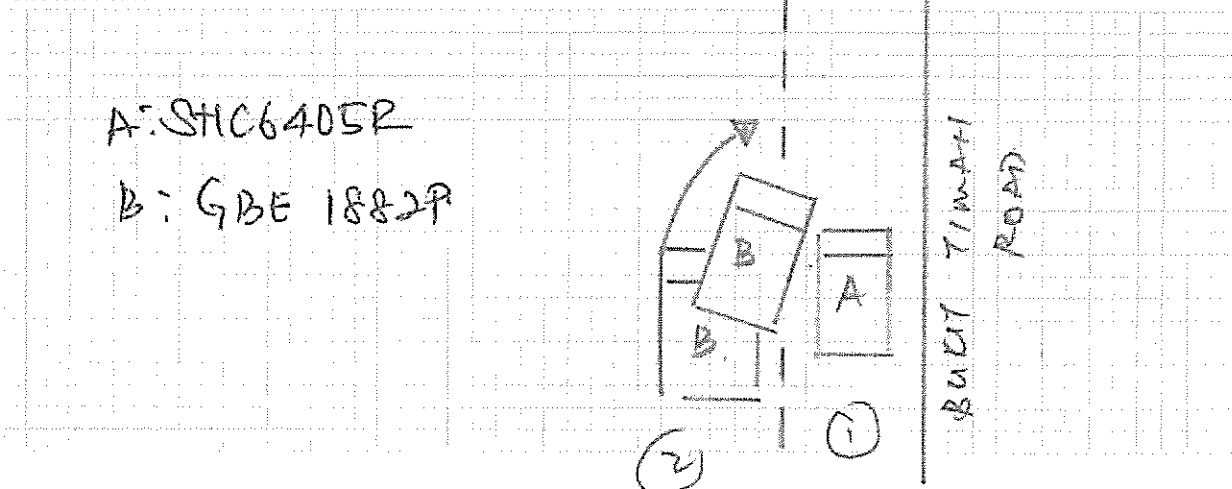
[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attach.

Declaration

We declare the foregoing particulars are true in every respect.



16 AUG 2021

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 14/08/2021 @1125HRS, I WAS DRIVING MY TAXI (SHC 6405 R), TRAVELLING ALONG BUKIT TIMAH ROAD - CITY WITH 3 PASSENGERS ONBOARD, ON LANE 1

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY VEHICLE B (GBE 1882 P - TOYOTA VAN) WHICH WAS INITIALLY ON LANE 2, HAD FAILED TO KEEP FOR PROPER LOOK OUT, HAD ENCROACHED & CUTS ONTO MY PATH ON MY LEFT ABRUPTLY & COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

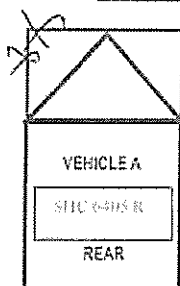
DUE TO IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION. VEHICLE B HAD DAMAGES ON THE RIGHT PORTION.

NO INJURY INVOLVED.
NO AMBULANCE AT SCENE.

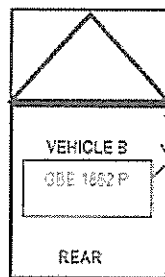
UNKNOWN PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



Driver's Signature & NRIC Number
Monday, August 16, 2021 @ 11:56:02 AM

(attended by



PREMIER AUTOMOTIVE SERVICES PTE LTD
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)
TEL: 65436676 / 65436689 FAX: 62141511
CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #08-16
Singapore 079120

TAX INVOICE

DATE 17-Sep-2021
PAGE 1 OF 1

| ITEM | Description | QTY | U.PRICE | AMOUNT |
|--|---|-----|---------|-------------|
| | FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC6405R | | | \$ 1,450.00 |
| TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR | | | | \$ 1,450.00 |
| GST @ 7% | | | | \$ 101.50 |
| GRAND TOTAL | | | | \$ 1,551.50 |



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

Enquire Transaction History**Transaction History Details**

| | | | |
|-------------------------------------|---------------------------------|---------------------|---|
| Log Date/Time: | 19 Mar 2015 / 09:03:38 | Receipt No.: | AACCK001-AX239-150319-000002 |
| Asset Type: | Vehicle | Transaction Amount: | \$65,391.00 |
| Asset ID: | SHC6405R | Channel: | AA Counterless - CYCLE & CARRIAGE KIA PTE LTD |
| Transaction Type: | 01.02 Register New Vehicle (AA) | | |
| Business Transaction Reference No.: | 20150319090338000208 | | |

| | |
|--------------------------------|---|
| Vehicle No.: | SHC6405R |
| Vehicle Type: | H10 - Public Transport Taxi (Motor Car) |
| Vehicle Attachment 1: | Air-Con (Taxi) |
| Vehicle Attachment 2: | - |
| Vehicle Attachment 3: | - |
| Vehicle Scheme: | Taxi (Company) |
| First Registration Date: | 19 Mar 2015 |
| Original Registration Date: | 19 Mar 2015 |
| Vehicle Make: | KIA |
| Vehicle Model: | OPTIMA 1.7(A) DIESEL |
| Chassis No.: | KNAGM414MF5588606 |
| Engine No.: | D4FDEH313575 |
| Motor No.: | - |
| Trailer Chassis No.: | - |
| Propellant: | Diesel |
| Passenger Capacity: | 4 |
| Engine Capacity: | 1685 |
| Power Rating: | - |
| Unladen Weight: | 1584 |
| Maximum Laden Weight: | 2050 |
| Primary Color: | Silver |
| Secondary Color: | - |
| Manufacturing Year: | 2014 |
| Open Market Value: | \$21,185.00 |
| Minimum PARF Benefit: | \$8,495.00 |
| PARF Eligibility: | Y |
| No. of Transfer: | 0 |
| Effective Ownership Date/Time: | 19 Mar 2015 09:03:38 |
| COE No.: | 2015031901002262G |
| COE Expiry Date: | 18 Mar 2023 |
| COE Bid Category: | - |
| Actual QP/PQP Paid Amount: | \$51,092.00 |
| Lifespan Expiry Date: | 18 Mar 2023 |

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107202885-02-000468

Cover : Third Party

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SHC6405R |
| Chassis Number | : KNAGM414MF5588606 |
| 2. Name of Policyholder | : PREMIER TAXIS PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Apr 2021 |
| 4. Expiry Date of Insurance | : 31 Mar 2022 |

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any licensed taxi driver driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use*

(a) Use as a Taxi.

(b) Use for social domestic and pleasure purposes.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|-----------------------|------------|
| EXCESS (SECTION I) | : N/A |
| EXCESS (SECTION II) | : S\$3,500 |
| INSURE WITH COE | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)
Date of Issue : 01 Apr 2021 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



15 September 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Chua Soo Keong of NRIC Number S1700460C is a registered driver of SHC6405R. Chua Soo Keong is paying a discounted daily rental rate of \$50.99 (Inclusive of GST) on 14 Aug 2021.

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be 'L' followed by a flourish.



Chin Bee Lian (Ms)

Assistant Vice President

Taxis Administration

Prepared by: Hasnah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 200304975H



CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

| | | | | | | | | | | | |
|--|---|-----|-----|-----|---|---|---|-----|-----|-----|---|
| DRIVER'S NAME CHUA Soo KEONG | | | | | | | | | | | |
| NRIC s1700460C | HANDPHONE 96618149 | | | | | | | | | | |
| VEH. REGN NO. SHC6405R | MAKE / MODEL KIA | | | | | | | | | | |
| DATE IN 140821 TIME IN 1210 | DATE OUT 190821 TIME OUT 1710 | | | | | | | | | | |
| KILOMETRES IN <table><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table> | E | 1/4 | 1/2 | 3/4 | F | KILOMETRES OUT <table><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table> | E | 1/4 | 1/2 | 3/4 | F |
| E | 1/4 | 1/2 | 3/4 | F | | | | | | | |
| E | 1/4 | 1/2 | 3/4 | F | | | | | | | |

CURRENT LOCATION

| |
|---|
| DATE / TIME TOWED IN TO WORKSHOP D O M - M - Y - Y TIME IN |
| DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION D O M - M - Y - Y TIME IN |

| |
|---|
| DATE / TIME TOWED IN TO WORKSHOP D O M - M - Y - Y TIME IN |
| DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION D O M - M - Y - Y TIME IN |

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

CHECK IN

CHUA Soo KEONG

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

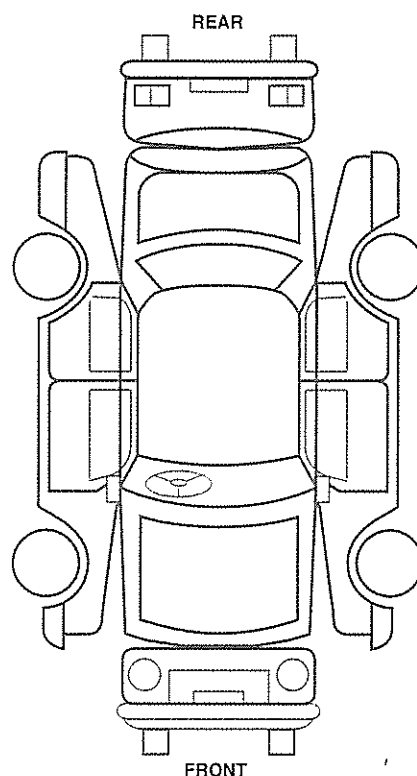
CHUA Soo KEONG

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



FRONT

BODY MARKINGS

- | | |
|---------------------|-------------|
| 1 - Light Dent | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------------------|-----------------------------------|--|--|---|--------------------------------|---------------|---------------------------------------|------------|--|--|-------------------------------|--|---|--|------------------------------|--|----------------------------------|--|--|
| SERVICE / REPAIRS DONE | DRIVER'S REMARKS | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td><input type="checkbox"/> SERVICING</td><td><input type="checkbox"/> OTHERS:</td></tr><tr><td><input type="checkbox"/> T / BELT</td><td></td></tr><tr><td><input type="checkbox"/> AIRCON SYSTEM</td><td><input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td>140821</td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td>TPW</td></tr><tr><td><input type="checkbox"/> CLUTCH SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> BULB</td><td></td></tr><tr><td><input type="checkbox"/> UNDER CARRIAGE</td><td></td></tr><tr><td><input type="checkbox"/> CPF</td><td></td></tr><tr><td><input type="checkbox"/> BATTERY</td><td></td></tr></table> | <input type="checkbox"/> SERVICING | <input type="checkbox"/> OTHERS: | <input type="checkbox"/> T / BELT | | <input type="checkbox"/> AIRCON SYSTEM | <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: | <input type="checkbox"/> TURBO | 140821 | <input type="checkbox"/> BRAKE SYSTEM | TPW | <input type="checkbox"/> CLUTCH SYSTEM | | <input type="checkbox"/> BULB | | <input type="checkbox"/> UNDER CARRIAGE | | <input type="checkbox"/> CPF | | <input type="checkbox"/> BATTERY | | |
| <input type="checkbox"/> SERVICING | <input type="checkbox"/> OTHERS: | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> T / BELT | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AIRCON SYSTEM | <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> TURBO | 140821 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BRAKE SYSTEM | TPW | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CLUTCH SYSTEM | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BULB | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UNDER CARRIAGE | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CPF | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BATTERY | | | | | | | | | | | | | | | | | | | | | |


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBE1882P

Date of Accident

14/08/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **22/09/2020 - 21/09/2021**Requested By **GOH WEE DEK (PREMIER AUTO...**Requested Date **16/08/2021 12:39****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**